

California Board of Corrections (BOC)
Mentally III Offender Crime Reduction Grant Program (MIOCRG)
Form MIOCRG005: Semi-Annual Progress Report

All grantees must use this form in preparing their Semi-Annual Progress Reports, which are used by BOC staff to monitor contract compliance and identify areas for where counties may need technical assistance. Projects with multiple programs must provide information for each component in Sections C and D. All projects must submit a diskette with updated information on common data elements.

A. GENERAL INFORMATION

County:
Contract Number:

Reporting Period:
Date Submitted:

B. PROJECT FISCAL OVERVIEW

1. Have all invoices due to date been submitted? If no, please explain why the invoices have not be completed. Yes ☐ No ☐
2. Were any budget line item changes over 10% made during this reporting period? Yes ☐ No ☐
If yes, was a Budget Modification Form submitted to, and approved by, the BOC? Yes ☐ No ☐
3. Do you anticipate budget line item changes over 10% in the next reporting period? If yes, please explain. Yes ☐ No ☐

C. PROJECT IMPLEMENTATION (Counties with projects that have multiple programs must report the following information for each program component.)

1. Is your project on track with its projected implementation timelines? If no, please explain what elements (e.g., staffing, CBO contracts, etc.) of the project are not on schedule and what steps have been taken and/or are in progress to resolve the issue(s). Yes ☐ No ☐
2. Briefly describe major program activities undertaken during this reporting period.
3. Briefly describe any program modifications made during this reporting period and any anticipated modifications during the next reporting period.

D. PROGRAM EVALUATION (Counties with projects that have multiple programs must report the following information for each program component.)

1. What is the number of participants you anticipated at this point in the project?
Treatment Group: _____ Comparison Group: _____
2. What is the actual number of individuals recruited into the program at this point in the project?
Treatment Group: _____ Comparison Group: _____
3. What is the actual number of participants currently in the treatment and comparison groups?
Treatment Group: _____ Comparison Group: _____
4. What is the actual number of individuals who have dropped out of the program?
Treatment Group: _____ Comparison Group: _____
5. How many individuals enter the system on a monthly basis who meet the criteria for inclusion in the treatment group (or in the pool from which treatment and comparison group members are selected)?
6. Are you experiencing any difficulty in collecting common data elements or with other facets of your program evaluation? If yes, please explain. Yes ☐ No ☐

AUTHORIZED COUNTY SIGNATURES

Project Manager: _____

Project Fiscal Officer: _____

Project Researcher: _____

PLEASE MAIL THIS REPORT AND A DISKETTE OR EMAIL FILE WITH UPDATED INFORMATION ON COMMON DATA ELEMENTS TO JIM SIDA OR LYNDA FROST AT THE:

**Board of Corrections
600 Bercut Drive
Sacramento, CA 95814**

Program 2 (if your project has more than one program)

C2 PROJECT IMPLEMENTATION (Counties with projects that have multiple programs must report the following information for each program component.)

1. Is your project on track with its projected implementation timelines? If no, please explain what elements (e.g., staffing, CBO contracts, etc.) of the project are not on schedule and what steps have been taken and/or are in progress to resolve the issue(s). Yes ☐ No ☐
2. Briefly describe major program activities undertaken during this reporting period.
4. Briefly describe any program modifications made during this reporting period and any anticipated modifications during the next reporting period.

D-2 PROGRAM EVALUATION (Counties with projects that have multiple programs must report the following information for each program component.)

1. What is the number of participants you anticipated at this point in the project?
Treatment Group: Comparison Group:
2. What is the actual number of individuals recruited into the program at this point in the project?
Treatment Group: Comparison Group:
3. What is the actual number of participants currently in the treatment and comparison groups?
Treatment Group: Comparison Group:
4. What is the actual number of individuals who have dropped out of the program?
Treatment Group: Comparison Group:
5. How many individuals enter the system on a monthly basis who meet the criteria for inclusion in the treatment group (or in the pool from which treatment and comparison group members are selected)?
6. Are you experiencing any difficulty in collecting common data elements or with other facets of your program evaluation? If yes, please explain. Yes ☐ No ☐

C3 PROJECT IMPLEMENTATION (Counties with projects that have multiple programs must report the following information for each program component.)

1. Is your project on track with its projected implementation timelines? If no, please explain what elements (e.g., staffing, CBO contracts, etc.) of the project are not on schedule and what steps have been taken and/or are in progress to resolve the issue(s). Yes ☐ No ☐
2. Briefly describe major program activities undertaken during this reporting period.
5. Briefly describe any program modifications made during this reporting period and any anticipated modifications during the next reporting period.

D-3 PROGRAM EVALUATION (Counties with projects that have multiple programs must report the following information for each program component.)

1. What is the number of participants you anticipated at this point in the project?
Treatment Group: Comparison Group:
2. What is the actual number of individuals recruited into the program at this point in the project?
Treatment Group: Comparison Group:
3. What is the actual number of participants currently in the treatment and comparison groups?
Treatment Group: Comparison Group:
4. What is the actual number of individuals who have dropped out of the program?
Treatment Group: Comparison Group:
5. How many individuals enter the system on a monthly basis who meet the criteria for inclusion in the treatment group (or in the pool from which treatment and comparison group members are selected?)
6. Are you experiencing any difficulty in collecting common data elements or with other facets of your program evaluation? If yes, please explain. Yes ☐ No ☐